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7590

05/24/2004

Benjamin Aaron Adler
 ADLER & ASSOCIATES
 8011 Candle Lane
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Erin Werner	(Depositor's name)
Erin Werner	(Signature)
July 29, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/025,264	12/19/2001	Binoy Appukuttan	D6124	5702

TITLE OF INVENTION: LENTIVIRAL VECTOR-MEDIATED GENE TRANSFER AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAUSHAL, SUMESH	1636	424-093210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Benjamin Aaron Adler

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Research Development
 Foundation

Carson City, NV

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1185 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

GA Adler

7/29/04

08/03/2004 SHASSEN2 00000117 071185 10025264

01 FC:2501

665.00 DA

02 FC:1504

300.00 DA

03 FC:8001

30.00 DA

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